

**WILLOW PARK RESOURCE CENTRE**

**APPLICATION FOR EMPLOYMENT**

*PLEASE RETURN APPLICATION FORM TO:  
HR Department, Willow Park Resource Centre, The Street, Weeley, CO16 9JE*

**Confidential**

**Position applied for:.....**

Title: Mr Mrs Miss Ms		Address:	
Surname		Postcode:	
Forenames			
Date of Birth		Tel. No.	
		Email Address:	
Current Driving Licence	Yes/ No	Details of Endorsements	
Schools		Qualifications Gained	
College/University		Qualifications Gained	

Other Training/professional qualifications
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Leisure: - Please note here your interests, sports and hobbies, other pastimes etc.

<b>From - To</b>	<b>Name and Address of Employer</b>	<b>Job Title &amp; Duties</b>	<b>Start/Finish Salary</b>	<b>Reason for Leaving</b>

**Notice required in current post:**

**References:**

**Please note here the names and addresses of two persons one of whom should be your present/last employer from whom we may obtain both character and work experience references.**

**General Comments**

Please detail here your specific reasons for this application, your main achievements to date and the strength you would bring to this post.

**Criminal Record**

Please note any criminal convictions except those spent under the rehabilitation of offenders Act 1974. In none, please state.

**Job Description**

PLEASE READ THE JOB DESCRIPTION CAREFULLY AND CONFIRM IF THERE IS ANY REASON THAT WOULD PREVENT YOU FROM UNDERTAKING THIS JOB.

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I hereby give my authority for the company to contact my own doctor for any further details of my state of health.
3. I agree that the company reserves the right to require me to undergo a medical examination in the event of my appointment.

Date:

Signed:

*Please note that due to high levels of interest we are unable to reply to all applicants. If you haven't been contacted within two weeks you would have been unsuccessful. We apologise for any inconvenience caused.*

Equal Opportunities

**Disability**

Do you consider yourself to have a disability?

(The Equality Act 2010 defines a person with a disability as someone *who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities*. If you have any questions, please do not hesitate to contact the HR department)

YES / NO/ PREFER NOT TO SAY

If yes, please describe the nature of the disability

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**Race**

To which racial group would you say you belong? Mark **one** box only please.

- |         | <u>White</u>             |                           | <u>Mixed</u>             |
|---------|--------------------------|---------------------------|--------------------------|
| British | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Irish   | <input type="checkbox"/> | White and Black African   | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> | White and Asian           | <input type="checkbox"/> |
|         |                          | Other mixed background    | <input type="checkbox"/> |

- |                     | <u>Asian or Asian British</u> |             | <u>Black or Black British</u> |
|---------------------|-------------------------------|-------------|-------------------------------|
| Indian              | <input type="checkbox"/>      | Caribbean   | <input type="checkbox"/>      |
| Pakistani           | <input type="checkbox"/>      | African     | <input type="checkbox"/>      |
| Bangladeshi         | <input type="checkbox"/>      | Other Black | <input type="checkbox"/>      |
| Other Asian         | <input type="checkbox"/>      |             |                               |
| <b><u>Other</u></b> |                               |             |                               |
| Prefer not to say   | <input type="checkbox"/>      |             |                               |

If any other please specify\_\_\_\_\_

**Religion/Belief**

To which religious/belief group would you say you belong? Mark **one** box only please.

- |           |                          |                              |
|-----------|--------------------------|------------------------------|
| Christian | <input type="checkbox"/> |                              |
| Muslim    | <input type="checkbox"/> |                              |
| Hindu     | <input type="checkbox"/> |                              |
| Buddhist  | <input type="checkbox"/> |                              |
| Jewish    | <input type="checkbox"/> |                              |
| Sikh      | <input type="checkbox"/> |                              |
| None      | <input type="checkbox"/> |                              |
| Other     | <input type="checkbox"/> | If other please specify_____ |